

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Citizens for Mingo</b>									
To Whom Paid <b>Expenditures From Form 31-F</b>						M	D	Y	Amount <b>\$475.00</b>
Address		Purpose							
City	State <b>OH</b>	Zip Code	Check Number						
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City	State <b>OH</b>	Zip Code	Check Number						
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City	State <b>OH</b>	Zip Code	Check Number						
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City	State <b>OH</b>	Zip Code	Check Number						
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City	State <b>OH</b>	Zip Code	Check Number						
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City	State <b>OH</b>	Zip Code	Check Number						
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City	State <b>OH</b>	Zip Code	Check Number						
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City	State <b>OH</b>	Zip Code	Check Number						